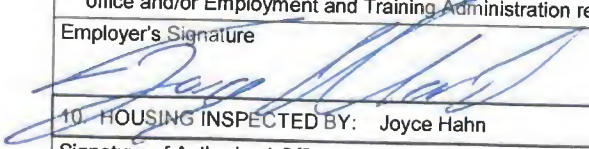
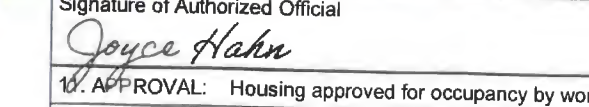
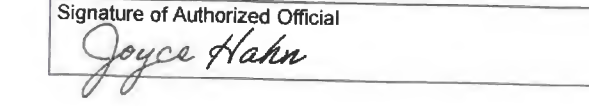


|   |                  |                   |                    |   |  |   |                                    |   |   |  |   |
|---|------------------|-------------------|--------------------|---|--|---|------------------------------------|---|---|--|---|
| U.S. Department of Labor, Employment and Training Administration<br>U.S. TRAINING AND EMPLOYMENT SERVICE<br><br><b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b><br><i>(See Instructions on Reverse)</i>  |                  |                   |                    |   | 1. EMPLOYER'S NAME AND ADDRESS<br><br>Marin J. Corporation<br>2148 North Torrington Rd.<br>Avon Park, FL 33825 |   |                                    |   |   |  |   |
| 2. HOUSING LOCATION<br><br>40348 State Hwy C Unit #16<br>Senath, MO 63876   |                  |                   |                    |   | 3. HOUSING DESCRIPTION<br><br>Wood Frame House   |   |                                    |   |   |  |   |
| 4. SLEEP ROOMS<br>(No. & Measure)   |                  | a. Dormitory Type |                    |   |  | b. Family Type  |                                    |   |   | <b>ES USE ONLY</b>                                     |   |
|   |                  | 1                 | 2                  | 3 | 4  | 1   | 2                                  | 3 | 4 |  |   |
| Length  | 21'2             | 17'8              | 10'10              |   |  |   |                                    |   |   | 5. CAPACITY<br>(Adults) <b>11</b>                      |   |
| Width   | 12'4             | 12                | 6'10               |   |  |   |                                    |   |   | 6. REGULATIONS COMPLIANCE<br>( <i>"x" proper box</i> ) |   |
| Ceiling Height  | 8                | 8                 | 8                  |   |  |   |                                    |   |   | Water  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Square Feet   | 262.8            | 213.6             | 61                 |   |  |   |                                    |   |   | Electricity  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| No. of Rooms  | 1                | 1                 | 1                  |   |  |   |                                    |   |   | Site   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| No. of Beds,<br>Single  | 4                | 4                 | 1                  |   |  |   |                                    |   |   | Screening  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| No. of Beds or<br>Bunks, Double   | 1                | 1                 |                    |   |  |   |                                    |   |   | Heating  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. FACILITIES (Number of each)  |                  |                   |                    |   |  |   |                                    |   |   |  |   |
| Flush Toilets   | Privy            |                   | Urinals            |   | Lav. or Washbasins   |   | Showerheads                        |   |   |  |   |
| 1   |                  |                   |                    |   |  |   | 1                                  |   |   |  |   |
| Bathtubs  | Movable Bathtubs |                   | Laundry machines   |   | Fixed laundry tubs   |   | Movable laundry tubs               |   |   |  |   |
| 1   |                  |                   |                    |   |  |   |                                    |   |   |  |   |
| Cook Stoves   | Refrigerators    |                   | Garbage containers |   | First-aid Kits   |   | Fire Extinguishers<br>(No. & type) |   |   |  |   |
| 1   | 1                |                   | 1                  |   | 1  |   | 1 abc                              |   |   |  |   |
| 8. COMMENTS<br><br>Large trash container for weekly pickup<br><br>3 smoke alarms<br><br>Will take workers to local laundry mat once a week.   |                  |                   |                    |   |  |   |                                    |   |   |  |   |
| 9. EMPLOYER'S CERTIFICATION:<br>I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. |                  |                   |                    |   |  |   |                                    |   |   |  |   |
| Employer's Signature<br>  |                  |                   |                    |   |  | Typed Name and Title                                    |                                    |   |   | Date<br><b>5-22-18</b>                                 |   |
| 10. HOUSING INSPECTED BY: Joyce Hahn  |                  |                   |                    |   |  |   |                                    |   |   |  |   |
| Signature of Authorized Official<br>  |                  |                   |                    |   |  | Typed Name and Title<br>Joyce Hahn, Program Coordinator |                                    |   |   | Date<br><b>5-22-18</b>                                 |   |
| 11. APPROVAL: Housing approved for occupancy by workers recruited interstate.   |                  |                   |                    |   |  |   |                                    |   |   |  |   |
| Signature of Authorized Official<br>  |                  |                   |                    |   |  | Typed Name and Title<br>Joyce Hahn, Program Coordinator |                                    |   |   | Date<br><b>5-22-18</b>                                 |   |

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

**1. EMPLOYER'S NAME AND ADDRESS**

Marin J. Corporation  
2148 North Torrington Rd.  
Avon Park, FL 33825

**2. HOUSING LOCATION**

4346 State Hwy C Unit #11  
Senath, MO 63876

**3. HOUSING DESCRIPTION**

Brick House

**4. SLEEP ROOMS**  
(No. & Measure)

**a. Dormitory Type**

**b. Family Type**

**ES USE ONLY**

|                                 | 1      | 2    | 3      | 4     | 1 | 2 | 3 | 4 |   |
|---------------------------------|--------|------|--------|-------|---|---|---|---|---|
| Length                          | 14'3   | 14'1 | 13'2   | 9'9   |   |   |   |   | 5. CAPACITY<br>(Adults) 16  |
| Width                           | 22'7   | 10   | 14'10  | 13'11 |   |   |   |   | 6. REGULATIONS COMPLIANCE<br>("x" proper box)                                   |
| Ceiling Height                  | 8      | 8    | 8      | 8     |   |   |   |   | Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       |
| Square Feet                     | 324.61 | 141  | 186.12 | 130   |   |   |   |   | Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| No. of Rooms                    | 1      | 1    | 1      | 1     |   |   |   |   | Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No        |
| No. of Beds,<br>Single          | 6      | 3    | 4      | 1     |   |   |   |   | Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| No. of Beds or<br>Bunks, Double |        |      |        | 1     |   |   |   |   | Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No     |

**7. FACILITIES (Number of each)**

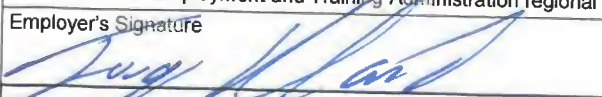
|                    |                    |                         |                     |  |
|--------------------|--------------------|-------------------------|---------------------|--|
| Flush Toilets<br>2 | Privy              | Urinals                 | Lav. or Washbasins  | Showerheads<br>2                             |
| Bathtubs<br>1      | Movable Bathtubs   | Laundry machines        | Fixed laundry tubs  | Movable laundry<br>tubs                      |
| Cook Stoves<br>2   | Refrigerators<br>2 | Garbage containers<br>2 | First-aid Kits<br>1 | Fire Extinguishers<br>(No. & type)<br>2, abc |

**8. COMMENTS**


Large trash container for weekly pickup  
3 smoke alarms  
Will take workers to local laundry mat weekly.

**9. EMPLOYER'S CERTIFICATION:**

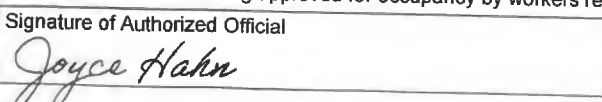
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature  Typed Name and Title Date 5-22-18

**10. HOUSING INSPECTED BY:** Anita Dixson

Signature of Authorized Official  Typed Name and Title Date 5-22-18  
Joyce Hahn, FLC Program Coordinator

**11. APPROVAL:** Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official  Typed Name and Title Date 5-22-18  
Joyce Hahn, FLC Program Coordinator